

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/13/2012  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |  |                     |  |  |  |  |
|---|--|--|---------------------|--|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>15G279 |                     | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____   |  | X3) DATE SURVEY<br>COMPLETED<br>03/08/2012 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>JAY-RANDOLPH DEVELOPMENTAL SERVICES |  |  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>227 E HIGH ST<br>PORTLAND, IN 47371   |  |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                 |  |
| W0000   | <p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: March 7 and 8, 2012.</p> <p>Provider number: 15G279<br/>Facility number: 000799<br/>AIM number: 100249030</p> <p>Surveyor: Kathy Wanner, Medical Surveyor III.</p> <p>This federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 3/15/12 by Ruth Shackelford, Medical Surveyor III.</p> |  | W0000               |  |  |  |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| W0149   | <p>483.420(d)(1)<br/>STAFF TREATMENT OF CLIENTS<br/>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview, the facility neglected to ensure direct care staff (DCS) followed the facility Individual Protection Policy by not preventing 1 of 4 sampled clients (client #4) from being physically and psychologically abused, as indicated in 1 of 13 Bureau of Developmental Disabilities Services (BDDS) reports reviewed.</p> <p>Findings include:</p> <p>Facility records were reviewed on 3/7/12 at 1:35 P.M. including the BDDS reports for the time frame between 4/19/11 and 3/7/12. The reports indicated the following:</p> <p>A BDDS report dated 6/28/11 for an incident on 6/27/11 at 6:33 A.M. indicated client #4 was in the kitchen at the group home. Client #4 "...threw some chairs to the floor, and sat on the floor." Direct Care Staff (DCS) #8 "began to cuss at [client #4] and physically moved (pushed) [client #4] to her room. The other working staff told [DCS #8] she could not do that to [client #4]. Staff felt [DCS #8] was verbally and physically</p> |  |  | W0149  | <p>Now and in the future, all direct care staff will be trained and retrained on the Individual Protection Policy at least annually and as needed. See attachment. Residential Department Head, Home Manager and QMRP responsible.</p> |  | 03/20/2012                 |

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|   | <p>abusive. The home manager (HM) was notified. [DCS #8] was suspended. The incident was investigated, and today [DCS #8] was terminated. [Client #4] has not shown any signs of being upset from the incident."</p> <p>Facility internal investigation documentation for the incident on 6/27/11 was reviewed on 3/8/12 at 1:12 P.M.. The documentation indicated the following: "Another staff member (DCS #1) was waking up a client (client #4) and inviting her to breakfast. The client said 'no,' came out of her room, knocked over two chairs in the kitchen and sat on the floor. This is a routine behavior from this client that is usually dealt with 'planned ignoring' as described in her behavior management plan. No other clients were in the kitchen or in harms way. The other staff member (DCS #1) asked the client (client #4) if she wanted to get her bags out of her room to take to work. The client stood up and [DCS #8] came into the kitchen. [DCS #8] started picking up the chairs then went towards the client (client #4) and said, 'you are not f***ing doing this this morning.' [DCS #8] then pushed the client from the kitchen to up against her bedroom door yelling at her. 'You are not going to f***ing hit me or any f***ing client.' The other staff (DCS #1) went to where they were in front of the bedroom</p> |  |  |  |                            |  |  |

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|   | <p>door and said to [DCS #8], 'You can not put your hands on a client like that.' [DCS #8] said, 'Well this is f***ing not happening this morning, she (client #4) is not going to f***ing hit anyone.' The other staff (DCS #1) said, 'She wasn't even coming after you.' DCS #8 replied, 'This is bull**** what she (client #4) does.' The other staff (DCS #1) said, 'You don't put your hands on clients for no reason, so chill out....' The documentation indicated DCS #8's employment was terminated on 6/28/11.</p> <p>The facility Individual Protection Policy dated 1/11 was reviewed on 3/7/12 at 1:25 P.M.. The policy indicated: JRDS (Jay-Randolph Developmental Services) personnel are required to preserve an individual's rights, dignity, health, and safety. As such JRDS prohibits the abuse, neglect, exploitation, mistreatment of an individual served or the violation of the individual's rights. In accordance with Indiana Code, JRDS's definition of abuse entails the following:...'Physical Abuse'-use of unreasonable physical force such as spanking, slapping, pinching, shoving, shaking, and other punitive acts. 'Psychological abuse'-actions, verbal statements or commands, or other procedure that result in a detrimental outcome for the individual involved (i.e. tone of voice, derogatory statement, facial</p> |  |  |  |                            |  |  |

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|   | <p>expressions, isolation, demeaning gestures, name calling, and other damaging acts.)... Individual's (sic) served must not be subjected to abuse by anyone, including, but not limited to, JRDS staff, other consumers, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends, or other individuals."</p> <p>The Residential Department Head (RDH) was interviewed on 3/8/12 at 2:37 P.M.. When asked about (DCS #8's) actions towards client #4 and implementing facility policy, the RDH stated, "Well obviously she (DCS #8) was not keeping our policy, and didn't belong here."</p> <p>9-3-2(a)</p> |  |  |  |                            |  |  |